

02048763



# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

11287	20
OMB AP	PROVAL
OMB Number:	3235-0076

OMB A	APPROVAL					
OMB Number: 3235-0076						
Expires: May 31, 2002						
Estimated average burden hours per response1						
SEC U	SEC USE ONLY					
Prefix Serial						
DATE RECEIVED						

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  NOTE AND WARRANT CREDIT FACILITY	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE
Type of Filing: New Filing	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer  Name of Issuer  check if this is an amendment and name has changed, and indicate change.)  Marketing One to One, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 20 Glover Avenue, Norwalk, CT 06850	Telephone Number (Including Area Code) (203) 642-5121
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same	Telephone Number (Including Area Code) same PROCESSEE
Brief Description of Business  Marketing consulting	JUL 1 9 2002
Type of Business Organization	THOMSON FINANCIAL (please specify):
Actual or Estimated Date of Incorporation or Organization:    Month   Year	

### GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

# **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 Potential persons who are to respond to the collection of information contained in this form (6/99) are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENT	IFICATION DATA	19944	
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the p</li> <li>Each beneficial owner having the power to vote or dispose, or direct the</li> </ul>		nore of a class of eq	uity securities of the issuer;
<ul> <li>Each executive officer and director of corporate issuers and of corporate</li> <li>Each general and managing partner of partnership issuers.</li> </ul>	general and managing partners	of partnership issue	ers; and
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	□ Director	General and/or
Full Name (Last name first, if individual)			Managing Partner
Peppers, Don			
Business or Residence Address (Number and Street, City, State, Zip Code)	)		
c/o Marketing One to One, Inc., 20 Glover Avenue, Norwalk, CT 0685	0		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	□ Director     □	General and/or Managing Partner
Full Name (Last name first, if individual)			
Rogers, Martha			
Business or Residence Address (Number and Street, City, State, Zip Code)			
c/o Marketing One to One, Inc., 20 Glover Avenue, Norwalk, CT 0685		Dinastan	Can arel and/ar
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Dorf, Robert			
Business or Residence Address (Number and Street, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·		
c/o Marketing One to One, Inc., 20 Glover Avenue, Norwalk, CT 0685			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual)			<u> </u>
Schoendorf, Nancy			
Business or Residence Address (Number and Street, City, State, Zip Code)	1		
c/o Mohr, Davidow Ventures VI, L.P., 2775 Sand Hill Road, Suite 240,	Menlo Park, CA 94025		····
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer		General and/or Managing Partner
Full Name (Last name first, if individual)			
Skinner, Steven			
Business or Residence Address (Number and Street, City, State, Zip Code)			
c/o Marketing One to One, Inc., 20 Glover Avenue, Norwalk, CT 0685		Director	Compand and/on
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☐ Director	☐ General and/or  Managing Partner
Full Name (Last name first, if individual)			
Smith, Douglas			
Business or Residence Address (Number and Street, City, State, Zip Code)			
c/o Marketing One to One, Inc., 20 Glover Avenue, Norwalk, CT 0685	0		<u> </u>
Check Box(es) that Apply:  Promoter Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Mohr, Davidow Ventures, VI, L.P.			
Business or Residence Address (Number and Street, City, State, Zip Code) 2775 Sand Hill Road, Suite 240, Menlo Park, CA 94025			
(Use blank sheet, or copy and use ad	ditional copies of this sheet.	as necessary)	

	100	A. BASIC IDENTII	FICATION DATA	Hilli	
Each beneficial owner	ssuer, if the issuer ha having the power to and director of corpo	is been organized within the pa vote or dispose, or direct the vo orate issuers and of corporate g	ote or disposition of, 10% or n		
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Integral Capital Partners IV	•				
Business or Residence Address 2750 Sand Hill Road, Menlo	•	eet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, if Peppers, Pamela Devanney	individual)				
Business or Residence Address c/o Marketing One to One, In					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	***************************************			
Business or Residence Address	s (Number and Str	eet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	, if individual)				
Business or Residence Address	s (Number and Str	eet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Stre	eet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)			,	
Business or Residence Address	s (Number and Stre	eet, City, State, Zip Code)	- 1111		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	individual)	1.184.0187,			
Business or Residence Address	s (Number and Stre	eet, City, State, Zip Code)			
	(Use blank	sheet, or copy and use add	itional copies of this sheet,	as necessary)	

					В. П	NFORMAT	TION ABO	OUT OFFE	RING	4 6	9,741.0	in in	
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												
2.	What i	s the minim	um investm	ent that wil	l be accept	ed from any	/ individua	!?	***************************************				-0-
3.	Does tl	ne offering	permit joint	ownership	of a single	unit?			•••••			Yes ⊠	No
4.	commi offerin with a	ssion or si g. If a pers state or sta	tion reques milar remu on to be lis tes, list the broker or de	neration fo ted is an ass name of the	r solicitati sociated pe broker or	on of purci rson or ager dealer. If	hasers in on t of a brok more than	connection er or dealer five (5) per	with sales registered rsons to be	of securiti with the SI listed are a	es in the EC and/or		
Full	Name (	Last name	first, if indi	vidual) <b>NO</b> I	NE				<del>-</del>				
Busi	ness or	Residence	Address (N	umber and S	Street, City	, State, Zip	Code) <b>N/A</b>						
Nam	e of As	sociated Br	oker or Dea	ler N/A		_							
State	es in W	nich Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers						
(0	Check ".	All States"	or check ind	dividuals St	ates)	••••••			•••••		.,	🔲 A	Il States
[	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[	IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[	MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name (	Last name	first, if indiv	vidual) N/A									
Busi	ness or	Residence	Address (N	umber and S	Street, City	, State, Zip	Code) N/A						
Nam	e of As	sociated Br	oker or Dea	ler N/A									
State	s in Wi	nich Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers						
(0	Check ".	All States"	or check inc	lividuals St	ates)			•••••				🔲 А	ll States
[	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[	MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name (	Last name	first, if indiv	vidual) N/A	·					. <u></u>	·•		
Busi	ness or	Residence .	Address (Ni	umber and S	Street, City,	State, Zip	Code) N/A						
Nam	e of As	sociated Br	oker or Dea	ler N/A		*******	************					•	
State	s in Wl	nich Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers						
(C	Check ".	All States"	or check ind	lividuals Sta	ates)				***************************************			🔲 А	ll States
[	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[	IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[	MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	OCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\$\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Δm	ount Already
	Type of Security	Offering Price	Am	Sold
	Debt	-0-	-0-	
	Equity	-0-	<u>-0-</u>	
	Common Preferred	\$-0-	-0-	
	Convertible Securities (including warrants)	\$800,000.00	\$80	0,000.00
	Partnership Interests	\$-0-	<u>\$-0-</u>	
	Other (Specify)	<b>\$-0-</b>	\$-0-	
	Total	\$800,000.00	\$800	0,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
<u>}</u> .	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number o persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines Enter "0" if answer is "none" or "zero."	f		Aggregate
		Number Investors	Do	Aggregate llar Amount f Purchase
	Accredited Investors	6	\$800	0,000.00
	Non-accredited Investors	0	<u>\$-0-</u>	
	Total (for filings under Rule 504 only)	N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.			
<b>5.</b>	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Do	llar Amount
	Type of Offering	Security	Б	Sold
	Rule 505	N/A	\$	N/A
	Regulation A	N/A	\$	N/A
	Rule 504	N/A	\$	N/A
	Total	N/A	\$	N/A
١.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish ar estimate and check the box to the left of the estimate.	1		
	Transfer Agent's Fees		\$	-0-
	Printing and Engraving Costs		\$	-0-
	Legal Fees	$\boxtimes$	\$ 1	6,500.00
	Accounting Fees		\$	-0-
	Engineering Fees		\$	-0-
	Sales Commissions (specify finders' fees separately)		\$	-0-
	Other Expenses (identify)		\$	-0-
	Total	$\boxtimes$	\$ 1	6,500.00

C. OFFE	RING PRICE, NUMBER OF INVESTORS, EXPEN	SES AND USE OF PROCEEDS	
total expenses furnished in respon	aggregate offering price given in response to P se to Part C - Question 4.a. This difference	is the "adjusted gross	\$783,500.00
of the purposes shown. If the amou	usted gross proceeds to the issuer used or proport nt for any purpose is not known, furnish an estin I of the payments listed must equal the adjusted - Ouestion 4.b above.	nate and check the box	
,	•	Payments to Officers, Directors & Affiliates	Payments to Others
Salaries and fees			S0
Purchase of real estate		\$ <u>-0-</u>	<b>\$0-</b>
Purchase, rental or leasing and instal	lation of machinery and equipment		S -0-
Construction or leasing of plant buil-	lings and facilities		<b>S</b> -0-
	uding the value of securities involved in this offer es of another issuer pursuant to a merger.)		□ \$ <u>-0-</u>
Repayment of indebtedness		\$0-	<b>\$0-</b>
Working capital			<b>⊠</b> \$ <u>783,500.00</u>
Other (specify):		-	
			S0
Column Totals		S <u>-0-</u>	<b>⊠</b> \$ <u>783,500.00</u>
Total Payments Listed (column	totals added)	× 783	5,500.00
	D. FEDERAL SIGNATURE		
signature constitutes an undertaking by	be signed by the undersigned duly authorized p the issuer to furnish the U.S. Securities and Ex y non-accredited investor pursuant to paragraph (	schange Commission, upon written requ	
Issuer (Print or Type) Marketing One to One, Inc.	Signature	Date 6 /20	(62
Name of Signer (Print or Type) Steven Skinner	Title of Signer (Print or Type) Chief Executive Officer	1 3	
	ATTENTION		
	ALTERIAL NO.		